Royal United Hospital Bath NHS
NHS Trust

D E P A R T M E N T O F I M M U N O L O G Y
R U H B A T H

WHEN TO SUSPECT A PRIMARY IMMUNE DEFICIENCY

- Patients presenting with any of the following:
  - Recurrent invasive infection
    - Pneumonia, sinusitis, otitis, abscess etc
  - Infants failing to thrive with unusual infections, persistent diarrhoea, rashes
  - Opportunist infection
  - Failure to respond as expected to anti-microbial therapy
  - Recurrent skin infection, poor wound healing, periodontitis
  - Recurrent Neisserial infection
  - Family history of inherited immune deficiency
  - Syndrome associated with primary immune deficiency

- Primary immune deficiency uncommon

- Secondary immune deficiency far more frequent e.g.
  - Immunosuppressive therapy
  - Infection
  - Haematological disease
    - Leukaemia, lymphoma, myeloma
  - Bone Marrow Transplant
  - Asplenia
  - Chronic Renal Failure
  - Diabetes Mellitus
  - etc

- Presentation will be determined by specific type of defect

- Early diagnosis essential to limit morbidity / mortality

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- Clinical advice available
  - Have low threshold for asking
  - Well recognised diagnostic delay with adult immune deficiencies